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Bib Data Sheet

CONFIRMATION NO. 7056

SERIAL NUMBER 10/685,691	FILING DATE 10/14/2003  RULE	CLASS 239	GROUP ART UNIT 3752	ATTORNEY DOCKET NO. 2802-359-040
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/427,089 11/15/2002 *bz*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *N/A*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/30/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged Examiner's Signature	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY OH	SHEETS DRAWING 8	TOTAL CLAIMS 37	INDEPENDENT CLAIMS 6
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## TITLE

Macrolamine direct injection nozzle

FILING FEE RECEIVED 1334	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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